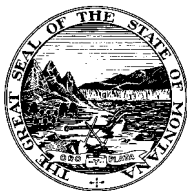


STATE OF MONTANA

APPLICATION *for* REGISTRATION *of* FOREIGN LIMITED PARTNERSHIP (35-12-1302, MCA)



MAIL TO: MIKE COONEY
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
☎(406)444-3665

Prepare, sign and submit an ORIGINAL AND COPY with fee.

This is the minimum information required.

(This space for use by the Secretary of State only)

Form: **FLP-1**
Filing Fee: \$20.00

☐ **Priority Filing Add \$20.00**

► **FIRST:** The name of the foreign limited partnership is (must contain "limited partnership")

_____.

► **SECOND:** The state in which it was formed _____.

► **THIRD:** The date of its formation _____.

► **FOURTH:** The general character of business the limited partnership intends to transact:

► **FIFTH:** The name and address of the Agent for service of process in Montana:

Name _____

Street Address _____

Mailing Address _____

City _____, MONTANA Zip Code _____

► **SIXTH:** Pursuant to 35-12-1302(5), MCA, the Secretary of State is appointed the agent of the foreign limited partnership for service of process if no agent has been appointed pursuant to 35-12-1302(4) or, if appointed, the agent's authority has been revoked or the agent cannot be found or served with the exercise of reasonable diligence.

► **SEVENTH:** The address of the Principal Office:

Address _____

_____ Zip Code _____

► **EIGHTH:** The name and business address of each partner: **(Specify general and limited)**

► **I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this Application are true and submitted for the purposes of registering a Limited Partnership.

Date of Application

Signature of General Partner

Signature of General Partner **(over)**

Application for Registration of Foreign Limited Partnership

HELP SHEET

- ☞ Complete this form before transacting business in the state of Montana as a foreign limited partnership. A foreign limited partnership may not file and defend any action, suit, or proceeding in any court in Montana before registering with the Secretary of State. (35-12-1307, MCA)

Article First

- ☞ The name of the limited partnership must contain the words "limited partnership".

If the name your business intends to transact business under in Montana is different than the business name used in other states, please list both. (35-12-1304, MCA)

Article Fifth

- ☞ Agent must be a resident of Montana, a domestic corporation, or a foreign corporation authorized to do business in Montana. (35-12-1302, MCA)

Article Eighth

- ☞ Be sure to specify between general and limited partners when listing their names and addresses.

- ☞ This form must be signed by a general partner.

- ☞ Upon completion, mail the original, one **copy**, and the correct filing fee to the Secretary of State, PO Box 202801, Helena, MT 59620-2801.

- ☞ The Secretary of State will send a certificate of registration to you once your document has been filed with our office.

- ☞ If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.